



Massachusetts Department of Environmental Protection - Drinking Water Program

Sodium Report

RECEIVED
JAN 05 2021
Aquinnah Tribal
Authority

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 010307001

City / Town: Aquinnah

PWS Name: Aquinnah Wampanoag Tribal Housing Authority

PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By						
A	EP001	Pump House	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	12/01/20	Customer				
B			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished						
C			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished						
D			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished						
Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:							
			(1) Reason for Resubmission		(2) Collection Date of Original Sample					
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction							
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction							
C	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction							
D	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction							
SAMPLE NOTES-- (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.)										
A										
B										
C										
D										

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert #: M-MA-009 Primary Lab Name: Barnstable County Health Lab Subcontracted? (Y/N) N

Analysis Lab MA Cert #: Analysis Lab Name:

SODIUM Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A 16	None	2.5	SM 3111B	12/29/20	20123208-01
B	None				
C	None				
D	None				

There is no MCL for sodium, however the DEP Office of Research and Standards has established a guideline (ORSG) limit of 20 mg/l based on an eight (8) ounce serving. All detections of sodium must be reported. Please refer to 310 CMR 22.06A for specific requirements.

LAB SAMPLE NOTES	
A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date: 3.10.2020

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		

Volatile Organic Contaminant Report

PWS ID#: 010307001

Lab Sample ID#

20123419-01

GAS#	UNREGULATED VOC CONTAMINANTS	Results ug/L	MDL ug/L
67-66-3	CHLOROFORM*	ND	0.50
75-27-4	BROMODICHLOROMETHANE	ND	0.50
124-48-1	CHLORODIBROMOMETHANE	ND	0.50
75-25-2	BROMOFORM	ND	0.50
541-73-1	M-DICHLOROBENZENE	ND	0.50
74-95-3	DIBROMOMETHANE	ND	0.50
563-58-6	1,1-DICHLOROPROPENE	ND	0.50
75-34-3	1,1-DICHLOROETHANE*	ND	0.50
79-34-5	1,1,2,2-TETRACHLOROETHANE	ND	0.50
142-28-9	1,3-DICHLOROPROPANE	ND	0.50
74-87-3	CHLOROMETHANE	ND	0.50
74-83-9	BROMOMETHANE*	ND	0.50
96-18-4	1,2,3-TRICHLOROPROPANE	ND	0.50
630-20-6	1,1,1,2-TETRACHLOROETHANE	ND	0.50
75-00-3	CHLOROETHANE	ND	0.50
594-20-7	2,2-DICHLOROPROPANE	ND	0.50
95-49-8	O-CHLOROTOLUENE	ND	0.50
106-43-4	P-CHLOROTOLUENE	ND	0.50
108-86-1	BROMOBENZENE	ND	0.50
542-75-6	1,3-DICHLOROPROPENE*	ND	0.50
95-63-6	1,2,4-TRIMETHYLBENZENE	ND	0.50
87-61-6	1,2,3-TRICHLOROBENZENE	ND	0.50
103-65-1	N-PROPYLBENZENE	ND	0.50
104-51-8	N-BUTYLBENZENE	ND	0.50
91-20-3	NAPHTHALENE*	ND	0.50
87-68-3	HEXACHLOROBUTADIENE	ND	0.50
108-67-8	1,3,5-TRIMETHYLBENZENE	ND	0.50
99-87-6	P-ISOPROPYLTOLUENE	ND	0.50
98-82-8	ISOPROPYLBENZENE	ND	0.50
98-06-6	TERT-BUTYLBENZENE	ND	0.50
135-98-8	SEC-BUTYLBENZENE	ND	0.50
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.50
75-71-8	DICHLORODIFLUOROMETHANE*	ND	0.50
74-97-5	BROMOCHLOROMETHANE	ND	0.50
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE)#	ND	0.50

[illegible]

☐ Check this box if attaching lab report to show additional VOC results/contaminants tested.

Required

* DEP ORSG limit established

Surrogate Name	% Recovery (70-130%)
p-Bromofluorobenzene	84.2
1, 2-Dichlorobenzene d4	104

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

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DEP REVIEW STATUS (Initial Date) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 010307001 City/Town: Aquinnah
PWS Name: Aquinnah Wampanoag Tribal Housing Authority PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
Ep001	Pump House	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	12/21/20	CM
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample		
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.					

III. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA009 Primary Lab Name: Barnstable County Lab Subcontracted? (Y/N) N
Analysis Lab MA Cert. #: M-MA009 Analysis Lab Name: Barnstable County Lab

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.	
EPA 524.2		12/23/20	20123419-01		
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES Please list the composited sources by DEP Source Code (XXXXXXXX-XXX), up to five individual sources.				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

CAS#	REGULATED VOC CONTAMINANT	Results ug/L	MCL ug/L	MDL ug/L
71-43-2	BENZENE	ND	5	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.50
75-01-4	VINYL CHLORIDE	ND	2	0.50
108-90-7	MONOCHLOROBENZENE	ND	100	0.50
95-50-1	O-DICHLOROBENZENE	ND	600	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.50
100-41-4	ETHYLBENZENE	ND	700	0.50
100-42-5	STYRENE	ND	100	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.50
108-88-3	TOLUENE	ND	1000	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000	0.50
75-09-2	DICHLOROMETHANE	ND	5	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5	0.50

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Volatile Organic Contaminant Report

JAN 04 2021

Page 2 of 2

PWS ID#: 010307001

Lab Sample ID# 20123419-01

CAS#	UNREGULATED VOC CONTAMINANTS	Results ug/L	MDL ug/L
67-66-3	CHLOROFORM*	ND	0.50
75-27-4	BROMODICHLOROMETHANE	ND	0.50
124-48-1	CHLORODIBROMOMETHANE	ND	0.50
75-25-2	BROMOFORM	ND	0.50
541-73-1	M-DICHLOROBENZENE	ND	0.50
74-95-3	DIBROMOMETHANE	ND	0.50
563-58-6	1,1-DICHLOROPROPENE	ND	0.50
75-34-3	1,1-DICHLOROETHANE*	ND	0.50
79-34-5	1,1,2,2-TETRACHLOROETHANE	ND	0.50
142-28-9	1,3-DICHLOROPROPANE	ND	0.50
74-87-3	CHLOROMETHANE	ND	0.50
74-83-9	BROMOMETHANE*	ND	0.50
96-18-4	1,2,3-TRICHLOROPROPANE	ND	0.50
630-20-6	1,1,1,2-TETRACHLOROETHANE	ND	0.50
75-00-3	CHLOROETHANE	ND	0.50
594-20-7	2,2-DICHLOROPROPANE	ND	0.50
95-49-8	O-CHLOROTOLUENE	ND	0.50
106-43-4	P-CHLOROTOLUENE	ND	0.50
108-86-1	BROMOBENZENE	ND	0.50
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87-68-3	HEXACHLOROBUTADIENE	ND	0.50
108-67-8	1,3,5-TRIMETHYLBENZENE	ND	0.50
99-87-6	P-ISOPROPYLTOLUENE	ND	0.50
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135-98-8	SEC-BUTYLBENZENE	ND	0.50
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.50
75-71-8	DICHLORODIFLUOROMETHANE*	ND	0.50
74-97-5	BROMOCHLOROMETHANE	ND	0.50
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE)#	ND	0.50

[illegible]

☐ Check this box if attaching lab report to show additional VOC results/contaminants tested.

Required

* DEP ORSG limit established

Surrogate Name	% Recovery (70-130%)
p-Bromofluorobenzene	84.2
1, 2-Dichlorobenzene d4	104

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

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DEP REVIEW STATUS (Initial Date) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 010307001 City/Town Aquinnah
PWS Name: Aquinnah Wampanoag Tribal Housing Authority PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
Ep001	Pump House	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	12/21/20	CM
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.						

III. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA009 Primary Lab Name: Barnstable County Lab Subcontracted? (Y/N) N
Analysis Lab MA Cert. #: M-MA009 Analysis Lab Name: Barnstable County Lab

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
EPA 524.2		12/23/20	20123419-01	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES Please list the composited sources by DEP Source Code (XXXXXX-XXX), up to five individual sources.			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results ug/L	MCL ug/L	MDL ug/L
71-43-2	BENZENE	ND	5	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.50
75-01-4	VINYL CHLORIDE	ND	2	0.50
108-90-7	MONOCHLOROBENZENE	ND	100	0.50
95-50-1	O-DICHLOROBENZENE	ND	600	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.50
100-41-4	ETHYLBENZENE	ND	700	0.50
100-42-5	STYRENE	ND	100	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.50
108-88-3	TOLUENE	ND	1000	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000	0.50
75-09-2	DICHLOROMETHANE	ND	5	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5	0.50

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JAN 04 2021
Aquinnah Wampanoag Tribal
Housing Authority



Massachusetts Department of Environmental Protection - Drinking Water Program
Nitrite Report

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JAN 04 2021
Aquinnah Tribal Housing Authority

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 010307001 City / Town: Aquinnah
PWS Name: Aquinnah Wampanoag Tribal Housing Authority PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
A	EP001	Pump House	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/> 12/01/20	Customer
B			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	
C			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	
D			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Original Sample Collected Date
A <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B <input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
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D <input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES -- (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.)

A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert #: M-MA009 Primary Lab Name: Barnstable County Health Lab Subcontracted? (Y/N) N
Analysis Lab MA Cert #: Analysis Lab Name:

NITRITE Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date analyzed	Lab Sample ID#
A 0.25	1.0	0.050	EPA 300.0	12/03/20	20123206-01
B	1.0				
C	1.0				
D	1.0				

Finished water results equal to or exceeding 1/2 of the MCL (0.5 mg/L) triggers quarterly monitoring.
Finished water results exceeding the MCL of 1 mg/L requires confirmation sampling within 24 hours.
Notify MassDEP of any MCL exceedances.

LAB SAMPLE NOTES	
A	
B	
C	
D	

I certify, under penalties of law that I am the person authorized to fill out this form and the information contained herein is true accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date: 3/16/20

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DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program
Nitrate Report

RECEIVED
JAN 04 2021
Wag Tribal
Authority

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 010307001 City / Town: Aquinnah
PWS Name: Aquinnah Wampanoag Tribal Housing Authority PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
A	EP001	Pump House <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	12/01/20	Customer
B		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
C		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
D		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
ROUTINE OR SPECIAL SAMPLE					
Original, Resubmitted or Confirmation Report		If Resubmitted Report, list below:			
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SAMPLE NOTES -- (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.)					
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II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert #: M-MA009 Primary Lab Name: Barnstable County Health Lab Subcontracted? (Y/N) N
Analysis Lab MA Cert #: Analysis Lab Name:

NITRATE Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date analyzed	Lab Sample ID#
A 0.25	10	0.10	EPA 300.0	12/03/20	20123206-01
B	10				
C	10				
D	10				

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
Finished water results exceeding the MCL of 10 mg/L requires confirmation sampling within 24 hours.
Notify MassDEP of any MCL exceedances.

LAB SAMPLE NOTES	
A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

[Signature]
3/16/20

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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		

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Massachusetts Department of Environmental Protection - Drinking Water Program

IOC

Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 010307001 City / Town: Aquinnah
PWS Name: Aquinnah Wampanoag Tribal Housing Authority PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information <small>*Please note all samples are considered representative of finished water if there is no treatment applied</small>	Date Collected	Collected By
EP001	Pump House	<input type="checkbox"/> Multiple <input type="checkbox"/> Raw <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Finished	12/01/20	Customer
Routine or Special Sample: <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS Original, Resubmitted or Confirmation Report: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation If Resubmitted Report, list below: (1) Reason for Resubmission: <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction (2) Collection Date of Original Sample:				
SAMPLE NOTES - (Such as, If a Manifold/Multiple sample, list the spources that were on-line during sample collection.)				

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-MA009 Primary Lab Name: Barnstable County Health Lab Subcontracted? (Y/N) N

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample ID#
ANTIMONY	ND	0.006	0.001	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01
ARSENIC	ND	0.010	0.001	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01
BARIIUM	0.0086	2	0.001	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01
BERYLLIUM	ND	0.004	0.001	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01
CADMIUM	ND	0.005	0.001	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01
CHROMIUM	ND	0.1	0.001	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01
CYANIDE	ND	0.2	0.01	SM 4500-CN-C,E	12/08/20	M-MA009	Barnstable County Lab	20123206-01
FLUORIDE 1	0.19	4.0	0.50	EPA 300.0	12/03/20	M-MA009	Barnstable County Lab	20123206-01
MERCURY 2	ND	0.002	0.0001	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01
NICKEL	ND	0.1*	0.001	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01
SELENIUM	ND	0.05	0.005	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01
SODIUM	16	20*	2.5	SM 3111B	12/29/20	M-MA009	Barnstable County Lab	20123206-01
THALLIUM	ND	0.002	0.001	EPA 200.8	12/21/20	M-MA009	Barnstable County Lab	20123206-01

1 Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.

2 Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.

* No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample composited by the Lab?	Composite Sample Notes List the composited sources by DEPSource Code (XXXXXX-XXX), up to five sources per sample.
Yes <input type="checkbox"/>	
LAB SAMPLE NOTES	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		